	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	THE DIVISION OF HEALTH		40865				
•	HIED DEC 16 1957	STANDARD CERTIFICA		<b>—</b> —	FILE NUMBER			
L	Registration District No	<u>, ノ55 Prin</u>	nary Registration District No.	5578 Regist	rar's No. 208			
ĺ	1. PLACE OF DEATH Jasper	•	2. USUAL RESIDENCE (Who of STATE Misso	There deceased lived. If institution: Residence before couri b. COUNTY Jasper admission)				
	b. CITY (If outside corporate limits, give TOWNS OR TOWN Joplin Towns	SHIP only) Inside Limits Yes #No X	c. CITY OR TOWN Joplin	1 g 4-1	Inside Limits Yes # No			
	c. FULL NAME OF (If NOT in hospital, give local HOSPITAL OR Hope Mana INSTITUTION		d. STREET ADDRESS 1710 V	(If outside, give location)  West B Street.,  Yes No #				
	3. NAME OF DECEASED First (Type or print) MATTIE	Middle LEE	Last JOHNSON		Day Year 5-1957			
	5. SEX / 6. COLOR OR RACE 7. MA White with	ARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 1-8-1886	9. AGE (In years FUNDE 7 pst birthday) Months	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.			
	during most of working life, even if retired) housewife he	kind of Business or INDUSTRY OMEMAKing	Rich Hill, Miss	the state of the s				
1	13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NA		14. NAME OF HUSBAND OR WIFE				
	No Record	Sarah Belle		······································	harles (Deceased 1940)			
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no., or unknown) (If yes, give wor or dates of service) NO NODE	16. SOCIAL SECURITY NO.	17. INFORMANT Address   Charles Snodgrass, 202 Brownell, Jopl.					
. NOIT YOU	·		arteriosclero		-19. WAS AUTOPSY PERFORMED? YES NO 1			
I CEDTIF!	20a. ACCIDENT SUICIDE HOMICIDE 20b.	DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)						
Vicinity.	20c. TIME OF .Hour :Month, Doy, Year INJURY a.m. p.m.		Lear CITY TOWN OR LOCAL	. COUNTY	STATE			
20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g.; in or about home, WHILE AT NOT WHILE AT NOT WHILE AT WORK AT WORK STATE								
	21. I attended the deceased from 11/13/57 to 11/23/57 and last haw her alive on 11/23/57  Death occurred at 12:10 PM m on the date stated above; and to the best of my knowledge, from the causes stated.							
	22a. SIGNATURE (Detro	walls	2619 Main St		22c. DATE SIGNED 11/28/57			
L	Burial (Specify) Burial 11-29-1957  24. FUNERAL DIRECTOR ADDRES	<del></del>	Park Cem Jor	CATION (City, town, or county)  Clin, Missouri  REGISTRAR'S SIGNATURE	(State)			
Ĺ	Thornhill-Dildon Mortuary		2-9-51 M	s. Madeli	u Surtzer			
		,			•			

## STATEMENT BY LICENSED EMBALMER

	l hereb	y certify	that the body	y whose nar	ne is record	ed on th	e reverse	side of th	is certificate	was	embalm
by me	or by							., Student	Embalmer.No	) <b>.</b>	-

working under my personal supervision.

Signature of Student Embalmer

P. O. Address ...

:\ [\Licensed Embalmer No

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.